

All medical formulas and nutritionals require a qualifying medical condition in order to approve issuance. There are some pediatric nutritionals provided by Oregon WIC that commonly cause confusion about whether they are medically necessary.

They include:

- PediaSure
- Boost Kid Essentials
- Nutren Jr
- Bright Beginnings Soy

Qualifying medical conditions which would justify their use might include:

- Oral motor feeding disorders;
- Tube feedings;
- Failure to thrive due to an underlying medical condition; or,
- Medical conditions that increase caloric requirements beyond what is expected for the child's age, such as cystic fibrosis, cancer, congenital heart disease.

The confusion around Failure-to-thrive (FTT)

Failure-to-thrive (FTT) is a complex condition that may be caused by many different things and must be diagnosed by a health care provider. Generally the diagnosis takes into account growth over time, development, dietary status, and psychosocial factors.

Some of the indicators a health care provider might use to diagnosis FTT include:

- Weight for age consistently below the 3rd percentile (some use 5th percentile) as plotted on the WHO growth chart (if less than 24 months of age) or CDC growth chart (if older than 24 months of age);
- Progressive fall-off in weight to below the 3rd percentile;
- Decrease in expected rate of growth along the child's previously defined growth curve; or,
- Crossing of two percentiles downward on the growth chart.

If the child's growth is inconsistent with a diagnosis of FTT, consult with your WIC nutritionist. They may want to contact the health care provider to discuss it further.

“Picky eater” is not a qualifying medical condition

By the age of 24 months nearly half of all children are identified as “picky eaters” by family members. As a CPA you will need to use critical thinking to sort out what are normal eating behaviors and what is problematic eating. When a parent or caregiver requests a pediatric nutritional because the child is a ‘picky eater’ or ‘just to be on the safe side’, you would explore the child’s “picky eating” through an assessment of the family’s feeding practices and the child’s intake, provide appropriate counseling, and deny the request without a medical condition identified.

The assessment and counseling could include:

- Review of the child’s growth (using the growth chart) and if appropriate, providing reassurance that the child is growing adequately;
- A complete diet assessment asking about:
 - Food availability in the household;
 - Family meal patterns: Are there regular meals? Does the child eat alone? Does the child/family watch TV during meals?
 - Snacking: Are snacks scheduled? Does the child graze throughout the day? Is snacking excessive and interfering with hunger at mealtimes?
 - Child’s intake: Does the child consume excessive amounts of milk? Or juice, Koolaid, or other sweetened beverage?
 - Use of bottle by child beyond 12 months
 - Caregiver’s ability to recognize hunger, fullness cues for child;
 - Mismatch between parent feeding style and child temperament;
 - Problems in the family
- Counseling can focus on the specific factors that might be contributing to the problem and assisting the caregiver in establishing healthier eating patterns. If appropriate, you can suggest other foods for increasing the caloric intake.
- Refer to the WIC Nutritionist or health professional if there are concerns or ‘red flags’ that are identified during the assessment or counseling session.

Red flags might include:

- Child only eats preferred food;
- Child drinks most of his/her calories;
- Parent/caregiver uses distractions to get child to eat;
- Child has not progressed beyond pureed foods by 12 months of age;
- Child is being force fed;
- Meals are lengthy (longer than 30 minutes); or,
- Child gags, vomits or coughs while eating.